

FIRST ALLY
MICROFINANCE BANK
RC 208513

Confidential

DISPENSE ERROR FORM

PLEASE COMPLETE THE FORM IN BLOCK / CAPITAL LETTERS

*PLEASE NOTE THAT ALL SECTIONS MUST BE COMPLETED. INCOMPLETE FORMS WILL NOT BE TREATED .

BVN: | | | | | | | | | | | |

* Cardholder's Name: _____

Account Number.: | | | | | | | | | | | Card Number (First Six Digits): . | | | | | | | (Last Four Digits): | | | | |

House Address: _____

E-mail Address: _____ Phone Number: | | | | | | | | | | | | |

Please tick the box which identifies the channel of transaction

ATM	☐	**Mobile**	☐	**Smartcard No.:**	_____
POS	☐	**Quickteller**	☐	**PNR/Ticket No.:**	_____
Web	☐			**PHCN Meter No.:**	_____
				Others:	_____

Cash not dispensed ☐ **Partial dispense** ☐ **Goods / Service not received** ☐

Below are the details of the affected transaction(s):

Transaction Date	Transaction Amount	Merchant Name / Bank Name	***Bank Document Number (STAN)

***Bank Document Number is a 10 digit number available on our statement or confirm the CSO (Customer Service Officer) in the branch.

I ..... confirm that the information provided is accurate and I can be held liable for irregularities in the details supplied to the bank.

..... Customer's Signature

..... Date

OFFICIAL USE ONLY

Officer's Name ..... Signature .....

CUSTOMER INFORMATION UPDATE ACKNOWLEDGEMENT SLIP

Originating Branch: .....

CIS Officer's Name: .....

Signature: ..... Date: D D M M Y Y Y Y